

BULLETIN

of the
**MAHONING COUNTY
MEDICAL SOCIETY**

Volume LIII

Number 3

MARCH, 1983



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1983 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1983

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 18	Mar. 15	May 17	Sept. 20	Nov. 15	Dec. 20



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From the Desk of the President



The physician is often in the spotlight on TV programs. The role is a favorite topic because of the important part the physician plays in critical situations everyday. The physician's life and work often make an engrossing and, therefore, entertaining script. Sometimes these portrayals are accurate but, often they are not. Nevertheless, they frequently capture one or another aspect of the practice of medicine.

Most people have been involved with physicians from an early age and most have relied on a physician's judgment, advice and concern; indeed many have placed their lives or, more precious, the lives of their children in the hands of their physician.

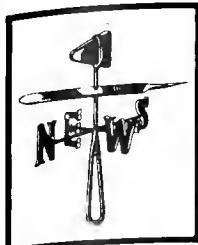
Often, in our busy schedules, we lose sight of the tremendous honor we are granted each day in ministering to the frail or failing bodies of mankind. We are given the privilege of laying on, to those human beings in pain and distress, our hands; we are accorded the right to give medications and perform surgery that might drastically alter peoples' well-being and even their destiny. We witness birth, death, and all the beautifully different stages between. We share joy and despair, anguish and laughter. We, perhaps more than any other group of people, are given opportunities to develop great insight into what this life is all about.

No career is so demanding of one's time and skills or more destructive to one's personal plans and life-style than Medicine. We, as physicians, become in so many ways another member of our patient's family; confidant, confessor, advisor, friend. We have been accorded places of esteem, trust, responsibility and honor in societies for literally thousands of years. In good times and bad times, we have been respected and, indeed, even often loved.

Though we have our detractors and our reputations are under ever-increasing attack, our professional image still remains relatively untarnished. Those who would have us reclassified as health-care providers or tradesmen cannot so easily strip us of our healers' robes.

Because of the demands on our time, and schedules that must be met, we sometimes miss the opportunity of reflective moments on what it is we really do. Nothing can be more rewarding than a good result or more humbling than failure when dealing with one's fellow men as the prime object of those successes or failures. Reflection should be the well-spring, the source of the strength needed to persevere.

(Continued on Page 69)



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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

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Editorial

ROUTINE STUDIES — ON WAY OUT?

When the American College of Radiology decided that routine chest x-rays should be eliminated in certain conditions (J. A. M. A. Jan. 28, 1983 page 447), it was expected to produce many negative comments. Already they plan new preanesthesia recommendations within the next year.

For those of us who were graduated years ago, many of our standby procedures are seldom if ever used now. They were replaced by "superior" but more expensive procedures. Routine studies were common, so much so that one might forget what was included in the routine and some studies were repeated for no apparent reason.

Insurance, malpractice, industrial and other special interests stimulated the promulgation of procedures that personal judgment could not justify, but was overruled by these demands. Expensive routine physicals, using many procedures and mass screening were hailed as means to diagnose and treat early. Costs rose steeply.

Concerns over these costs, overexposure to radiation, allergic manifestations and other problems voiced by third party payers, patients and politicians have forced a changed focus in patient management approaches.

For a long time it was fairly easy to order whatever one wanted in an effort to diagnose and treat effectively. Now, the approach must be more specific and cost-efficient. Some payers are now urging second opinions and are requiring justification prior to elective procedures and/or admissions. Is the next step a guarantee of good results?

One has to wonder if we have gone full cycle and are living the modern version of the ancient tradition of physician responsibility wherein either his life or a portion of his body could be sacrificed for a less than desirable treatment result.

Perhaps, the computer, fed the proper input, will be one direction to take. But can the computer take a patient's hand and allay his fears? Will the computer have built-in intuition to cut through useless procedures? Will it lead to straight cookbook medicine?

(Continued on Page 69)

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(EDITORIAL — Continued from Page 67)

We must never forget that it is *only* the physician who is given the mandate to practice Medicine. Our beloved nurses, the therapists, the technicians, and all the other dedicated supportive personnel so necessary for effective delivery of care, plus the hospital that provides a milieu conducive to rendering that care, are *not* given that right. We must continue to regard this as a sacred trust and continue to lead and give direction to the health needs of our community. We must re-emphasize that we are by no means to be regarded as providers or tradesmen. We deliver no product, we do not deal in goods, we are a vital part of the lives of the people we treat; we share their hopes, their fears and their aspirations. We heal physically and spiritually, not aseptically remote or uninterested but intimately involved and concerned. Our patients still wish it to be that way. It is therein that the respect and dignity of our profession arises and it is from that intimate physician-patient relationship that so much of the good will that is still accorded physicians is engendered.

Work diligently, study carefully, treat astutely, accept success and failure humbly as part of the Creator's master plan. Most of all, reflect often on the blessings we have been given as physicians! What other career could be more beautiful, more rewarding or fulfilling?

P. J. Mahar, Jr., *President*

(PRESIDENT — Continued from Page 66)

We need to study and to understand computers and other suggested solutions thoroughly or we shall surely push the focus in another direction with *no* solutions to the problems while raising new ones.

Richard W. Juvancic, M.D.

ON PERMITTING ADMITTING

Sec. 3727.06 of HB 173 grants specific authority regarding hospital admissions, as follows:

Only a doctor of medicine who is a member of the medical staff, doctor of osteopathic medicine who is a member of the medical staff, or dentist who is a member of the medical staff may admit a patient to a hospital, but a podiatrist who is a member of the staff of a hospital may co-admit a patient with a doctor of medicine who is a member of the medical staff or doctor of osteopathic medicine who is a member of the medical staff.

All hospital patients shall be under the medical supervision of a doctor of medicine or doctor of osteopathic medicine, except that services that may be rendered by a licensed dentist pursuant to Chapter 4715. of the Revised Code provided to patients admitted solely for the purpose of receiving such services shall be under the supervision of the admitting dentist. If treatment not within the scope of Chapter 4715. of the Revised Code is required at the time of admission by a dentist, or becomes necessary during the course of hospital treatment by a dentist, such treatment shall be under the supervision of a doctor of medicine who is a member of the medical staff or a doctor of osteopathic medicine who is a member of the medical staff. It shall be the responsibility of the admitting dentist to make arrangements with a doctor of medicine who is a member of the medical staff or a doctor of osteopathic medicine who is a member of the medical staff to be responsible for the patient's treatment outside the scope of Chapter 4715. of the Revised Code when necessary during the patient's stay in the hospital.

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PROCEEDINGS OF COUNCIL -

February 8, 1983

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, February 8, 1983 at Fonderlac Country Club.

The meeting was called to order by Dr. P. J. Mahar, Jr. at 6:58 p.m.

The minutes of the previous meeting, having been read, were approved.

The bills were read and a motion made, seconded and passed to pay each bill.

The treasurer's report listed all but 42 members as having paid their dues and the total dues collection was listed.

The following applications were presented by the censors:

ASSOCIATE: Veeraiah C. Perni, M.D.

John C. York II, M.D.

The applications were approved. The applicants will become members of the Mahoning County Medical Society in the voted category 15 days after publication of the names in the *Bulletin* unless objection is filed in writing with the executive director before that time.

Mailings from OSMA regarding a Key Physician Questionnaire and Patient Questionnaire were discussed.

A communication concerning 45/49 Feedback, a program on Public Television out of Akron, was tabled for a later meeting to allow the public relations committee to evaluate the proposal.

Letters from AMA regarding Health Care Coalitions and a Major Awards Program were discussed, with no action taken. Members took note of a communication from Mrs. Walter Tims, thanking the Society for the courtesy extended on the occasion of Dr. Tims receiving his 50-year In Medicine Award.

Dr. Anderson, Sixth District Councilor, reported on the Caucus Meeting in Rootstown and the February meeting of the OSMA Council.

The Scholarship Dinner committee reported eight host couples are needed for the annual event being held April 14th at the Youngstown Club.

Dr. Mahar appointed Dr. M. I. Jacobson as head of the Committee for the Medically Indigent, to replace Dr. C. E. Pichette, who requested relief from the chairmanship.

The members of Council passed a motion to pay the registration fee for Dr. T. N. Detesco to attend the AMA Leadership Conference in Chicago on Feb. 17 - 19.

The Council approved a contribution of \$100 to the Americanism Foundation of Norwalk, Ohio that underwrites attendance of high school students at Americanism seminars.

Council approved the purchase of three framed copies of the composite group photo that was compiled from the individual photos taken recently of the Society members, with the copies to be donated to the hospitals.

The location of the March 15th meeting of the Society was discussed, with a suggestion it be held at one of the country clubs, if possible.

It was noted that YHA has scheduled a staff meeting at the same time the regular meeting of Council is to be held on March 8.

Announcements included the next Council meeting on March 8th, the next meeting of the Society on March 15th and the Leadership Conference in Chicago, Feb. 17 - 19.

The meeting adjourned at 8:40 p.m.

Robert B. Blake
Executive Director

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March 17	March 29	April 8
J. N. Brucoli	L. N. Green	T. N. Detesco
W. P. Burick	F. C. Tiberio	
P. Soleimani		April 9
W. B. Rich		A. Z. Rabinowitz
March 18	March 30	April 10
K. E. Camp	C. M. Lee	J. J. Anderson
P. A. Dobson		J. Mehta
March 22	March 31	R. R. Miller
F. A. Friedrich	P. B. Cestone	D. E. Lagoutaris
A. F. Azimpoor	E. F. Sabado	
March 23	April 1	April 11
D. J. Limbert	P. E. Krupko	R. J. Cuttica
March 24	April 3	April 12
R. Roland	B. A. Slabochova	A. B. Cinelli
March 27	April 4	B. S. Gordon
R. L. Gilliland	R. S. Richards	April 13
C. A. Amedia, Jr.	April 5	R. J. Heaver
	L. Bloomberg	April 15
	S. K. Garg	J. E. Might

CME AT YHA

MARCH 12, 9 a.m. - 10 a.m. Hitchcock Auditorium, surgical conference "NUTRITIONAL SUPPORT FOLLOWING CANCER SURGERY." James J. Reilly Jr., M.D., Ass't professor of surgery, Univ. of Pittsburgh. Cat. I (pending), 1 hour.

MARCH 15, 8 a.m. to 9 a.m., Tower 2 Emergency "SHOCK-HEMODILATION, SEPTIC, CARDIAC." A. Ghani, M.D. Cat. I - 1 hour.

MARCH 17, 8 a.m. to 9 a.m., Pediatric Rounds. Cat. I - 1 hour.

MARCH 17, 8 a.m. to 9 a.m., Hitchcock Auditorium Internal Medicine "INTERSTITIAL NEPHRITIS." A. Rashid, M.D. Cat. I and Presc. (pending) - 1 hour.

MARCH 19, 8 a.m. to 9 a.m., Hitchcock Auditorium, Tumor Conference "PALLIATION OF BONE METASTASES." R. Cuttica, M.D., moderator. Cat. I and Presc. - 1 hour.

MARCH 19, 8 a.m. to 4 p.m. Tod 2 and 3, "FLEXIBLE SIGMOIDOSCOPY FOR PRACTITIONERS." YHA Faculty. Cat. I and AOA - 6 hours, Prescribed - 5 hours.

MARCH 22, 8 a.m. to 9 a.m., Tower 2, Emergency. "BACK PAIN." A. N. Pannozzo, M.D. Cat. I and Prescribed - 1 hour.

MARCH 24, 8 a.m. to 9 a.m., Hitchcock Auditorium, Internal Medicine PAPULOSQUAMOUS DERMATOSES." Steven Helms, M.D., Warren, Ohio. Cat. I and Presc. (pending) 1 hour.

MARCH 26, 8 a.m. to 9 a.m., Hitchcock Auditorium, Tumor Conference, "SURGICAL APPROACH TO GASTRIC CA." C. Crans, M.D., moderator. Cat. I and Presc. - 1 hour.

MARCH 29, 8 a.m. to 9 a.m., Tower 2, Emergency. "PULMONARY INFECTION, ETC." J. Politis, M.D. Cat. I and Presc. - 1 hour

MARCH 31, 8 a.m. to 9 a.m., Administrative Conference Room North, Family Practice, "ALZHEIMER'S DISEASE," F. Krautter, M.D. Cat. I and Presc. - 1 hour (pending).

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USHERING IN THE 21ST CENTURY

The addition of nuclear magnetic resonance (NMR) to the vast array of current technology brings with it the exciting probability that we are at the threshold of a new era in diagnostic medicine; for it brings with it the potential of changing the basis of medical practice from the anatomic one, given to us by Virchow in the last century, to a biochemical one for the coming century. Despite the word nuclear in its description this phenomenon is unrelated to fissionable materials or ionizing radiation and refers instead to the rotational properties inherent in certain atomic nuclei which allow them to be manipulated so as to be specifically identified. Although this phenomenon was recognized in the 1920's, so it was the work done by Felix Bloch of Stanford University and Edward M. Purcell of Harvard University in the 1940's which produced the mathematical equations that laid down the foundations of NMR spectroscopy and led to their being awarded the Nobel Prize in 1952.

Those atoms whose nuclei have an odd number of nucleons (protons and neutrons) are electrically charged and their spin corresponds to a current flowing about the spin axis which causes the nuclei to behave as if they were small spinning bar magnets with magnetic moments or dipoles randomly ordered. When placed in a static magnetic field the nuclei come into equilibrium with it, according to a Boltzman distribution, producing a bulk net magnetic moment (M) that points in a direction parallel to the static magnetic field. M can be made to precess (i.e., to tip vertically and rotate around its former axis like a spinning top or gyroscope) by perturbing the equilibrium alignment of the nuclei with the introduction of energy by means of a second small (exciting) field, in the radiofrequency (RF) range of the electromagnetic spectrum, at right angles to the static magnetic field. In order to tip M , however, the frequency of the exciting field must identically match the natural precessional frequency of the nuclei in the sample; hence the term nuclear magnetic resonance. The natural precessional frequency is also referred to as the resonance or Lamor frequency and is dependent upon the strength of the static magnetic field. The angle at which M precesses (the precessional angle) is dependent upon the power of the exciting RF field and the duration of its application. Withdrawal of the RF field allows the perturbed nuclei to return to their former state of equilibrium with the static magnetic field (i.e., their surroundings or lattice). In so doing the previously absorbed energy is released and an RF signal which can then be detected, by a surrounding coil (antenna) already tuned to it, and amplified.

Modifications in the application of the exciting RF field and in the handling of the released RF signals allows for information to be gathered in several different ways. For example; by sweeping a sample continuously with exciting fields which traverse the entire RF band (continuous wave techniques), the emitted signals can then be subjected to Fast Fourier Transformation and the NMR spectrum displayed as a plot of signal intensity vs. frequency, or by subjecting a sample to short bursts of RF power at a discrete frequency for varying lengths of time (pulse techniques) observations can be made of two time constants (also called relaxation times) when the power is turned off. Of these, T^1 (spin-lattice relaxation time) is the time necessary for the perturbed nuclei to come back to equilibrium with the static magnetic field (i.e., for M to return to its original orientation and T^2 (spin-spin or spin-echo relaxation time) represents the time course of the decaying RF signal which takes place exponentially.

The earliest applications of NMR technology were in the fields of physics and chemistry. Its introduction into biology took place very slowly being used to study blood flow in 1952, to study intracellular sodium and intracellular water structure in 1969 and intracellular postassium in 1970. Its direct application to medicine occurred in 1971 when Damadian demon-

stated that one could discriminate between normal and malignant tissues on the basis of their hydrogen nuclei (H^+) T^1 and T^2 relaxation times. At that time he also suggested that the method might be useful for the rapid diagnosis of malignancy in the operating room and speculated that it could be used for the early in-vivo detection of malignancy by employing imaging techniques. He designed a system for focusing NMR signals from which images could be made and with his collaborators subsequently designed and constructed a whole body human NMR scanner with which they produced the world's first in-vivo scan of the human chest in 1977.

All current techniques for making NMR images are based on the principle that if the magnetic field is rendered inhomogeneous by the superimposition of magnetic linear gradients over the main homogeneous field it is then possible to obtain spatial information from the emitted RF signals with which to construct images. Imaging systems have been designed to receive data from a single point in the sample, from a line in the sample, from a plane in the sample and from the 3-dimensional volume all at once. Commercial units presently on the market vary not only in their data collection and presentation modalities but in the type of magnets used (e.g., resistance, super-conducting and permanent) and in their ability to do on-line, in-vivo T^1 and T^2 measurements. Thus far, only hydrogen nuclei have been used to produce NMR images.

Although NMR imaging is not to be belittled, its major contribution will come from its capability of studying human biochemistry non-invasively. Movement in that direction has now been underway for some time with H^+ T^1 and T^2 relaxation times having been studied in blood, plasma, lymph, peritoneal fluid, pleural fluid, amniotic fluid and urine. Preliminary studies have demonstrated differences between transudates and exudates, between normal urine and infected urine and between normal amniotic fluid and meconium stained fluid. Differences in the T^1 and T^2 values in normal tissues and in a variety of tumors has not only been demonstrated for H^+ but for ^{31}P and ^{23}Na as well. ^{31}P NMR spectra have been utilized to measure intracellular pH, to identify skeletal muscle tumors, dystrophic skeletal muscle, hypoxic cardiac muscle, Adriamycin cardiotoxicity and cerebral ischemia and to study the metabolism of human red blood cells.

At the present time there are no known biologic hazards associated with the current levels of energy used in NMR imaging. However, only a limited number of studies have been done thus far and there is insufficient published data to allow for definitive statements regarding its safety.

Stanley Goldstein, M.D.
Director of Pediatric Cardiology, YHA

VOLUNTEER COUPLES NEEDED

Volunteer physician and wife couples are needed for the Scholarship Dinner being held April 14 at the Youngstown Club. At least eight couples are needed, with one couple to sit at each table with six students. If you have never attended this function, you will find it very delightful to be with the cream of the crop of high school students in this area. Two students each from 24 high schools take part in this function and are enrolled on the Roster of Scholars of the Mahoning County Medical Society. For those who have been hosts before, you are still welcome to participate again. Don't wait. CALL TODAY 747-4956. You are, of course, expected to pay for two dinners if you attend. Dr. B. P. Brucoli is chairman for the event and the speaker is yet to be announced. DON'T WAIT, CALL TODAY. 747-4956.

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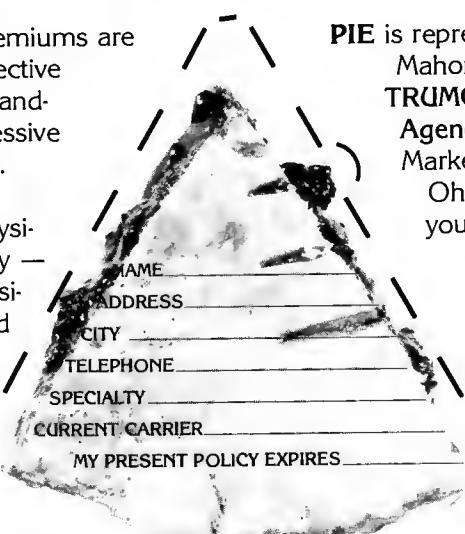
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Class II	1,755	775	1,979	1,226	675	
Radiation Therapy	2,934	1,294	3,432	2,125	1,329	
Anesthesiology	5,550	2,394	5,980	3,770	1,806	
S U R G E O N S	Ophthalmology, GP/FP	2,320	928	3,432	2,125	2,309
	Gynecology, General	5,065	2,050	5,980	3,770	2,635
	OBGYN, Plastic	6,082	2,446	7,176	4,524	3,172
	Thoracic, Orthopedic, Cardiovascular	8,059	3,106	9,568	6,032	4,435
	Neurology	8,100	3,106	9,568	6,032	4,394
	Urological, Geriatrics	3,403	1,720	3,432	2,125	433

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From the Bulletin

FIFTY YEARS AGO — MARCH 1933

Two hundred seventy-five doctors came out to hear Dr. E. Starr Judd of the Mayo Clinic lecture on "Acute Cholecystitis." That established a new record for attendance at a regular monthly meeting.

Plans were going ahead for a big Post-Graduate Day in April with a group here from Memorial Hospital in New York. The Speakers Bureau had members out to speak before service clubs and women's groups stressing cancer control.

The late Charles Scofield had an interesting article on "Costs of Medical Care." He invited attention to the high cost of luxuries, or pseudo-medical and pseudo-religious cults; the high cost of government itself and the cost of committees to investigate medical care.

FORTY YEARS AGO — MARCH 1943

Much news in the *Bulletin* about men in the armed forces and many letters from them - - Chalker was at Camp Crowder in Missouri doing abdominal surgery and varicose veins; Sam Tamarkin in the Air Corps at Columbus, S. C. was doing general medicine and trying to keep warm in the damp, cold climate; Szucs was at the Maritime Training Station in Boston with the U.S. Public Health Service; Shensa was at Augusta, Ga., training with a field unit; McConnell was in Cairo, Egypt, sight-seeing up and down the Nile; Goldstein was practicing Dermatology for the Navy at Newport, R. I.; Goldberg had been at Camp Davis in North Carolina for two years, doing anesthesia; Coombs was at Truax Field in Madison, Wisconsin, running the laboratory of a 700-bed hospital with only one technician to help; Cukerbaum was stationed at the U.S. Naval Hospital in Corpus Christi, Texas; John Goldcamp was at Fort Sill, Oklahoma; Tims was in England wishing he were here to see his new-born son; Morris Rosenblum was at Columbia University studying clinical Pathology, auspices of the U.S. Army; Kupec was Squadron Surgeon and Flight examiner for the Air Corps at Buckley Field, Colorado; Ipp was chief of the medical service at the Army Air Force Navigation School at San Marcos, Texas. The whereabouts of Wm. McElroy and Ray Hall were unknown. Their families had not heard from them for seven weeks.

THIRTY YEARS AGO — MARCH 1953

President Goodwin congratulated WKBN and WFMJ on securing television facilities for Youngstown. He predicted that the medium would be of great value in educating the public in health matters.

The Chief of the Veterans' Administration said that a segment of medicine was determined to eliminate non-service connected disability from the VA and that would wreck their program. He said there was not much difference between non-service and service-connected disabilities.

New members that month were: W. B. Hardin and J. N. Thanos. Meetings were held at the Elks Club.

TWENTY YEARS AGO — MARCH 1963

From the report of the VD Clinic (Henri Schmid): Gonorrhea continues to flourish uncontrolled. Loose morals, promiscuity and difficulty in detecting the disease in the female . . . are the main reasons.

Sidney Keyes was elected President of the Academy of General Practice. Erhard Weltman was President-Elect. G. E. DeCicco was Secretary.

M. S. Rosenblum was President of the Ohio State Alumni Association in Mahoning County. He was instrumental in raising \$33,499.00 for the O. S. U. Development Fund.

TEN YEARS AGO — MARCH 1973

Professional Service Review Organization (PSRO) was at the top of the protest list of organized medicine. Passed by Congress on October 30, 1972, the full impact and meaning was beginning to come into focus. President Ed Pichette wrote: "This law probably represents the greatest step forward in the gradualism that is circumscribing our profession." Editor Bill Moskalik asked in his editorial, "Is this part of the plan to bring National Health Insurance to our nation?" He urged all members to come to the meeting and learn how PSRO was going to affect their practice of medicine.

The meeting was held on March 20 at the Youngstown Club. Guest speaker was Mr. Preston Jolley, Medicare Manager for the State of Ohio for Nationwide Insurance Company. Also speaking was Dr. Jack Schreiber, representing the medical profession. There were 106 members attending plus wives and guests bringing the total attendance to 140, the best attendance since the Centennial meeting. The discussion lasted long into the night.

Two more prominent physician members of the Society passed away—Dr. Peter J. McOwen on February 10, 1973 at the age of 77, and E. R. Thomas at the age of 85. Dr. McOwen was a dermatologist on the staff of St. Elizabeth's Hospital where he interned in 1927. His son, Peter J. McOwen, Jr. carries on the practice in the Bel Park Medical Building.

Dr. Thomas, at the time of his retirement in 1968, was the oldest pediatrician in Youngstown. He served as Youngstown School Physician for 28 years. He and a Cleveland physician did the research that resulted in the SMA baby food and formula products.

New active members that month were Yiechul Jung, M.D. and Don Sung Lee, M.D. New associate members were Vinod Kumar Sethi, M.D., Gopal J. Nigam, M.D., and Youngku Peter Sheen, M.D.

Robert R. Fisher, M.D.

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DR. BUNN TAKES YHA POST

Dr. William H. Bunn, who was chief of the division of medicine at Youngstown Hospital Association has been named to the position of vice president of medical affairs. He succeeded Dr. Robert A. Wiltsie.

Dr. Bunn is a member of the Mahoning County Medical Society and as program chairman in 1982 was instrumental in the presentation of the first ever Joseph Paul and Mary Collins Harvey Lectureship in Medicine. He is a professor of medicine at the Northeastern Ohio Universities College of Medicine in Rootstown and is a member of a number of medical associations and organizations.

CPR COURSE FOR PHYSICIANS

A special four-hour basic CPR course (4-6 p.m.) for physicians is scheduled for April 8, 1983 at Hitchcock Auditorium of YHA's South Unit, Dr. Ramiro Albarran-Sotelo, Director, announces.

The program is free, is limited to 25 physicians and carries four hours of Cat. I CME and Red Cross certification. A minimum of two weeks pre-registration is required and can be made by calling Dr. Albarran at 788-5855.

OLD TIMER DECLARES

I never made but one New Year's resolution, the same one every year. It was simply to do better. That may sound selfish from a financial standpoint and there was certainly room for improvement in that area.

In October 1929, the banks closed. I was paying on a new home, and had a wife, three children and a chestnut gelding to support. Hardly anybody had any money and patients were paying me in bread, eggs, potatoes and yard work. One husky millworker who was spading by garden threw down his spade and walked off the job because it was too hard. I finished the job myself in my spare time.

Truly the purpose of the resolution was to improve the quality of my work. My job at the Republic Steel gave me a lot of traumatic surgery to do. The Baby Welfare Station taught me much about children. The Florence Crittenton Home improved my obstetric technique. I used to leave the house at 6 a.m. and tear up to Cleveland at 45 m.p.h. in my Ford coupe (\$824.50 brand new) to see Tom Jones and the two George Criles operate and get home in time for afternoon office hours. Doctors were plentiful then and the competition was keen. Home calls were made willingly, day or night. When my weight got down to 127 pounds, I started going to the "Y" at noon for calisthenics, volley ball, and a quick lunch, arriving late to an office full of patients and looking for a place to lie down. When my weight got up to 160, I quit that but did more formal post-graduate work in surgery at the Cook County Hospital, in fractures at Massachusetts General, and the course in general practice that the Cleveland Clinic gave every February, where I learned much about blood from Hayden, about heart surgery from Carlton, and arthritis from Scherbel.

Continual study was the rule. At Jefferson, they taught us that we would make a good living but never get rich. I found that to be true. My big mistake was in outlasting most of my patients and friends. I survived many fractures, appendicitis, prostatitis, and delirium tremens.

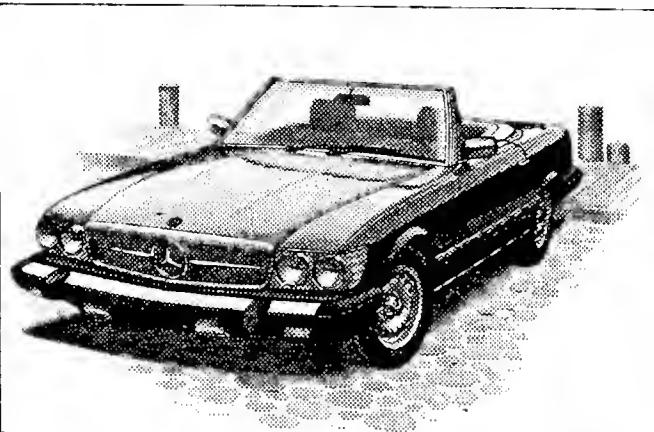
After three strokes, I am now bedfast, I have no wife, no home and no job. A lady said to me recently, "I wish I had your brain!" I told her that was the only thing that is left of me.

It's too late now to make any more New Year's resolutions.

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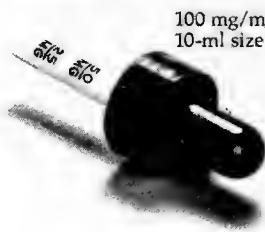
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MARCH 11, Cardiology "Calcium Antagonists in the Treatment of Angina Pectoris." Milton Packer, M.D., F.A.C.C., Mount Sinai Hospital, New York.

MARCH 18, to be announced.

MARCH 25, Sleep Disorders "Differential Diagnosis of Insomnia and the Use of Hypnotics." Thomas Roth, Ph.D., University of Michigan School of Medicine.

APRIL 8, to be announced.

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